

Tennessee Housing Development Agency (THDA)
New Start Underwriting Submission Checklist

Program Partner Number: _____
Program Partner Name: _____
Program Partner Address: _____

Primary Applicant: _____
Property Address: _____

Submission Purpose: Program Type: Loan Type: Property Type:
☐ Initial Submission ☐ Tier I ☐ Conventional ☐ Single Family Detached
☐ Supplemental documents ☐ Tier II ☐ Manufactured Home
☐ Updated documents

This loan will: ☐ Close with Program Partner funds (Purchase method)

ASSEMBLE PACKAGE IN ORDER LISTED BELOW AND ATTACH WITH AN ACCO FASTENER AT TOP MIDDLE

THDA PROGRAM ELIGIBILITY

- | | |
|---|--|
| <p><input type="checkbox"/> 1. Buyer Profile</p> <p><input type="checkbox"/> 2a. Original Application Affidavit(s) (notarized) including non-qualifying spouse</p> <p><input type="checkbox"/> 2b. Original Veteran Exemption Application Affidavit (if applicable) (notarized) including spouse</p> <p><input type="checkbox"/> 3. Original Seller Affidavit (notarized)</p> | <p><input type="checkbox"/> 4. Signed and Dated Tax Returns with all schedules and W-2s for the most recent tax year including non-qualifying spouse</p> <p><input type="checkbox"/> 5. IRS Non-Filing Confirmation for most recent tax year including non-qualifying spouse</p> <p><input type="checkbox"/> 6. Notice to Applicants Federal Recapture Requirements (signed copy)</p> <p><input type="checkbox"/> 7. Homebuyer Education Certification (if applicable)</p> |
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CREDIT PACKAGE

- | | |
|---|---|
| <p><input type="checkbox"/> 8. Typed Transmittal Summary (1008) signed by underwriter</p> <p><input type="checkbox"/> 9. Final Loan Application (Typed URLA) 1003 (3 year residency should be stated)</p> <p><input type="checkbox"/> 10. Initial Interviewer's Signed Loan Application 1003 (3 year residency should be stated)</p> <p><input type="checkbox"/> 11. Credit Report</p> <p><input type="checkbox"/> 12. Credit Explanation Letter(s)</p> <p><input type="checkbox"/> 13. Final Divorce Decree/Marital Dissolution (if applicable)</p> <p><input type="checkbox"/> 14. Verification of Court Ordered Child Support</p> <p><input type="checkbox"/> 15. Verification of SSI or Other Assistance</p> <p><input type="checkbox"/> 16. Verifications of Employment (verbal is unacceptable)</p> <p><input type="checkbox"/> 17. Most Recent Pay Stub (within past 30 days)</p> <p><input type="checkbox"/> 18. Verifications of Prior Employment (telephone verification is acceptable)</p> | <p><input type="checkbox"/> 19. Self-Employment Cash Flow Worksheet, P & L, 2 years Business Tax Returns (corp. or partnership or sole prop.)</p> <p><input type="checkbox"/> 20. Verification of Deposit OR Most Recent Bank Statements, as listed on 1003</p> <p><input type="checkbox"/> 21. Gift Letter</p> <p><input type="checkbox"/> 22. Sales Contract and Addendum (Copy)</p> <p><input type="checkbox"/> 23. Appraisal Report (URAR)</p> <p><input type="checkbox"/> 24. Legible Photos of Subject Property (front, rear, street)</p> <p><input type="checkbox"/> 25. Photos or photocopies of Comparable Sales</p> <p><input type="checkbox"/> 26. Flood Notification (if applicable, signed by Applicant or certified date mailed to Applicant) (Copy)</p> <p><input type="checkbox"/> 27. Grant/Down payment assistance approval letters</p> <p><input type="checkbox"/> 28. VA Form DD-214 or VA Form DD-4 (for Veteran Exception only)</p> <p><input type="checkbox"/> 29. Additional Documentation</p> |
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THDA RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION TO EVALUATE THIS LOAN APPLICATION.

The undersigned, an authorized representative of the Program Partner referenced above, hereby certifies that the information accompanying this underwriting submission has been verified and corroborated as required by the Tennessee Housing Development Agency ("THDA") and that all disclosures required under applicable federal and/or state law have been made and warrants that the Applicant referenced above and the property proposed for purchase by the Applicant meet all program guidelines and is eligible for the THDA New Start mortgage loan program noted above.

_____ Program Partner Authorized Signature	_____ Print Name and Title	_____ Date
Phone No. (____)_____	Fax No. (____)_____	Email address _____